

MAR 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Green
 Township Springfield
 City Springfield (No. 716)

Registration District No. 318Primary Registration District No. 2001File No. 5888Registered No. 0102

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 716 St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? 4 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4 1868

7. AGE YEARS 68 MONTHS 3 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo13. NAME Granville Abernathy14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green15. MAIDEN NAME Nancy Sanford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Bulah Abbott18. BURIAL, CREMATION, OR REMOVAL PLACE Wheatwood DATE Feb 6 193719. UNDERTAKER (ADDRESS) McCampbell20. FILED Feb 5 1937 Chas A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 193722. I HEREBY CERTIFY, That I attended deceased from May 2 1936 to Jan 29 1937I last saw him alive on Jan 29 1937 Death is saidto have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis chronicHeart Disease ValvularEndocarditis chronic

Other contributory causes of importance:

Heart Disease ValvularEndocarditis chronic

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Bulah Abbott, M. D.(Address) Springfield Mo.

